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VESICO-VAGINAL FISTULA.—LETTER FROM PARIS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—The late visit of Dr. Bozeman to Europe has resulted in inaugurating a new era in the treatment of vesico-vaginal fistula. There are already indications that his method (the "button suture") of treating these grave accidents will, before long, generally be in use in Europe. In spite of the almost insurmountable obstacles which Dr. B. encountered while here, the most brilliant success has crowned all his efforts. During his short stay in Europe, he operated, in all, four times—once in each of the cities of London, Edinburgh, Glasgow, and Paris. In each one of these cases, *complete and entire union* of the fistula by the first intention was obtained.

Since his return home, in November last, and within only a few weeks, a comparatively large number of cases have been reported in the English journals. Some of them have been of very long standing, cases that had been considered as entirely forlorn and incurable. Most of the reported cases have occurred in the practice of Prof. Simpson, of Edinburgh, and Mr. I. Baker Brown, of London. Lately, Prof. Simpson, in reports of some of his cases, states that he has substituted, as being cheaper, the "common blue iron wire of the shops" for the silver suture of Dr. Sims. He has also, he says, contrived a wire splint, which answers better the place of the "button suture." We cannot understand how this is possible. From the drawing we have seen, it differs in no respect, either in the shape of its outer contour, or edge, from the button—thus being only a ring of twisted iron wire, it must essentially fail to furnish that protection and support which is obtained from the "button suture." Having in view this *principle*, upon which the success of Dr. Bozeman's operation largely depends, we do not see how any change, by way of improvement, can be made in this direction.

In order to get some idea of the grand revolution that is now being accomplished through the instrumentality, almost altogether,
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of American surgery, in the success of the operation for the cure of fistula, I will copy only a few lines from Prof. Simpson's lecture on vesico-vaginal fistula, just reported in the London *Medical Times and Gazette*. He says: "I speak of the treatment of this disease the more willingly, because it was long looked upon as incurable, and reckoned among the opprobria of surgery. With others, I used to regard a patient afflicted with it as a case generally beyond all relief and all hope. But within the last few months I have come totally to change my opinion. Till lately, most obstetricians and surgeons despaired of being able to do anything in the way of a radical cure of vesico-vaginal fistula. My predecessor, Dr. Hamilton, used to speak of such cases as utterly incurable, and Dr. Davis averred that all reported cures were misrepresentations. Vidal (in France), whose book is probably more extensively read on the Continent than any other systematic work on surgery, says: 'I do not believe that there exists in the science of surgery a well authenticated, complete cure of vesico-vaginal fistula—a fistula due to a loss of substance from the bas-fond of the bladder.'" "I have often seen cases," says Prof. Simpson, "operated upon, and in many different ways, and have sometimes tried to operate myself—but till lately I *never saw a cure*."

In Paris, where nothing not indigenous to France, especially in surgery, can easily take root, this subject is already beginning to be examined anew, and has appeared largely in the journals. M. Verneuil, Prof. Agrégé of the Faculty, in a course of lectures which he is now giving on anaplastic surgery, gave us, a few days ago, a very complete and faithful history of the surgical treatment of vesico-vaginal fistula, from the beginning to the present time. This gentleman is now engaged in writing a work upon this subject (*Anaplastic Surgery*), which he intends shall be the most complete in any language. He has made himself well acquainted with American surgery, a subject of which not much has been generally known with French surgeons heretofore. While speaking of what had been accomplished by American surgeons, he paid a very high compliment to Dr. Hayward (of Boston), who was the first, he said, to make any real improvement in the treatment of these accidents. He pointed out to the gentlemen present in what it consisted. We think we are correct in saying, that not only the method of introducing and passing the sutures on the vaginal side, so as not to wound the inner surface of the bladder, but also the manner of paring the edges of the fistula, at present in use, was first practised by that gentleman so long ago as in 1839. The importance of diminishing the size of the ligatures was also, we believe, insisted upon. Dr. Sims, to all this, as we are fully aware, has, in the use of the "silver wire suture," and in improvement upon some of the instruments used in the treatment, in the way of ensuring success, made a most important and decided advance;

while the invention and addition of Dr. Bozeman's "button suture" leaves nothing to be desired. M. Verneuil, after examining all the different operations that had been proposed and practised, considered the "button suture," or the operation as practised by Dr. Bozeman, as altogether the best and most successful operation at present known. He said, further, that if it gave only *one success in three cases*, he should consider it his duty to adopt it.

In the *Gazette des Hôpitaux*, for the last fortnight, a long article has appeared from M. Robert, in regard to the treatment of vesico-vaginal fistula "*à la méthode Américaine*," as it is generally called here. He closes with a detailed account of the treatment and cure of the patient upon whom Dr. Bozeman operated in his service at the Hotel Dieu. Having assisted Dr. B. in this operation, I was not only placed in a position to notice carefully the difficulties to be overcome in the operation itself, but felt an increased degree of interest in watching the progress of the case to its final cure. This poor woman, æt. 35, entered the Hotel Dieu, in the service of M. Robert, the 11th of September last, seven weeks after her confinement with her ninth child. Her general health was good. In her previous labors, she met with no difficulty. Before she came under Dr. Bozeman's care, she had undergone two operations by the surgeons of that service. The last was performed September 18th. Both resulted in complete failure. Dr. Bozeman performed the final operation on the 16th of October. The fistulous opening was of enormous dimensions, leaving but little of the vesico-vaginal septum intact. After the edges of the fistula had been pared, ten silver sutures were necessary to hold the parts in coaptation. On the eighth day after the operation, the button or suture apparatus was removed, and union was found to be complete. A number of French surgeons were present, and all appeared much surprised and struck with the happy result. The patient continued to improve up to the last of December, when she left the hospital in fine health and spirits.

Paris, Jan. 12th, 1859.

J. F. NOYES, M.D.

TREATMENT OF CROUP.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—The last number of your JOURNAL was received two days since, and your remarks on my case of croup duly noticed. I am not surprised at the difference of opinion in respect to the course of treatment, but I am at some of the comments. It is about ten years since I first forwarded for your JOURNAL practical remarks on various diseases of moment, and I had supposed they would have had the effect of inducing a belief in my not writing about any disease without the possession of some knowledge of the subject. It is now thirty-five years since my

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attention was directed to the subject of croup, and the treatment best adapted to effect a cure. As upon many important points you have offered objections, I will endeavor to place the whole matter in its true light. Considering myself aggrieved, may I not hope, that, as an act of justice to a fellow-laborer in our profession, you will see the reasonableness of my request that this reply may appear in the same JOURNAL containing the critique.

In all respects, I am a firm believer in the real inflammatory nature of croup, as you surmise, and also, that such inflammation, as well as that of all other diseases, differs materially as to intensity; hence, the difference in the character of the symptoms, in different cases of croup. Such an admission necessarily involves the absolute necessity of a corresponding difference in the course of treatment, no less than in the quantity, if not the character of the medicines necessary for a proper effort to effect a cure. It is of very frequent occurrence, to meet with cases in which there is present every symptom of croup, in its incipient stage, of so mild a character, that most frequently a few doses of hive syrup, with perhaps an appropriate dose of paregoric, at bed time, will prevent its further progress, and effect a speedy cure; and this I have very often seen. In other cases, of a rather more severe character, to the above remedies there may be added one or more small doses of calomel, with one of castor oil, to produce the same result. Do we always know, at the beginning of an attack of croup, however mild it may be, whether it will continue such, be easily and speedily cured, or whether it will gradually and surely progress, and assume in succession all of the most violent and dangerous symptoms, with, or without a false membrane, finally ending fatally? Suppose we have a case occurring at midnight, in a sudden and alarming manner, by no means unfrequent, all of the symptoms—to wit, the peculiar sound of the cough, the voice, and the inspiration, which once heard cannot be mistaken—so say all authors, with truth—the injected or bloodshot eye, that struggling or gasping for breath, that clutching at the throat; if we have all these present, what course of treatment would seem to be most likely to succeed in removing such a combination of fearful signs? I have been present at such scenes, call the disease they represent by what name you please; with positiveness I assert, that, in such cases, I do resort to the use of all the remedies specified, *without any limit* as to quantity, or frequency of repetition, and this for the very best of all reasons, the conceded difficulty, at times almost impossibility, of producing the least impression on the stomach, without the employment of doses, in other cases unwarrantable. This difficulty is alluded to by all the best authors, and my observation fully confirms the fact; upon it, the strongest and unanswerable arguments can be based, in extenuation of my course of practice, so thoughtlessly censured. Right or wrong, such are my belief and practice, and, as a man of truth, I most positively state

that, notwithstanding such apparently astounding doses, in not one single instance has the slightest unpleasant effect been produced. As is known, we have in this city lately passed through a severe epidemic of yellow fever, in which there have been seen cases presenting every shade of intensity of symptoms, from the most mild, almost ephemeral, which would be cured with but slight medication, to the most severe and rapid in progress, ending fatally in about twenty-four hours, all the resources of our art proving absolutely powerless. I intend not to draw any comparison between yellow fever and croup, except as regards intensity of attack, and violence of the symptoms, in both of which, a comparison does hold good.

Dr. Horace Green, the strong advocate for, if not the originator of local applications in croup, says, "The essential characteristics of true croup consist in an inflammation of the excreting surfaces of the fauces, the larynx, and trachea, which is always productive of a membranous, or an albuminous exudation." The fact that acute inflammation does exist to a greater or lesser degree, as the cause of croup, has been fully proved, but it is equally certain that a case of true croup may exist and prove fatal without any post-mortem proof of the existence of a false membrane. Impressed with the firm belief that inflammation is the cause of danger in every case of croup, I equally believe in the adaptedness of a strict antiphlogistic course of treatment from the very commencement, proportioning, however, the force of the means to the violence and character of the symptoms, and this last I hope will not be lost sight of.

The following, bearing on some points of the case, I consider justifiably introduced. When treating some of my severe cases of true croup, in Philadelphia, so imminent was the danger, that it was deemed proper to call in consultation such physicians as Physick, Chapman and Dewees, of world-wide repute. They recognized the existence of croup; they approved of all that had been done, or was being done, even, in one case, of venesection ad deliquium; they called not in question my power of correct diagnosis; and I really believe I shall be able to do the same correctly, and cure my patients by the use of the same heroic measures, notwithstanding the remarks of some who may not have had more ample scope for observation. I claim for my course of treatment, no less than for the remedies used, as I fear not to assert I do, that they fulfil all the indications presented in a case of croup—that is, they overcome the first cause, the inflammation; they prevent, by so acting, the formation of false membrane, the frequent cause of death, and by so doing they obviate the necessity of so frequently forcing a resort to the operation of tracheotomy.

I do not consider it necessary to dwell longer on this subject, and from all that has been said in a professional and proper spirit, whether convincing or not, it does appear to me that a good op-

portunity presents itself to the Editors of the Boston Medical and Surgical Journal to put in practice the Christian maxim, "Do unto others as you would they should do unto you," by the insertion of the antidote in the pages of the journal that circulated the bane.

Very respectfully, yours, &c.

EDWARD JENNER COXE, M.D.

New Orleans, Jan. 19, 1859.

SURGICAL CLINIQUE AT CASTLETON MEDICAL COLLEGE.

FALL TERM, 1858—E. K. SANBORN, M.D., PROF. OF SURGERY.

[Reported for the Boston Medical and Surgical Journal by WILLARD A. CHILDS, Demonstrator of Anatomy.]

THE clinique, commenced the last year, was continued during the fall session of lectures with increased success. A large number of patients presented themselves for medical and surgical treatment, and in the surgical department, under the charge of Prof. Sanborn, were a number of cases requiring operations of unusual magnitude and interest, a brief abstract of which I give below.

AMPUTATIONS.

I.—*Middle Finger of the Right Hand*, amputated near the metacarpal joint, for the relief of a deformity caused by a wound from a circular saw. The patient, Mr. D. H., was a young man of 25, and made a rapid recovery.

II.—*Middle Finger of the Left Hand*, amputated for neuralgic disease, following a wound from a straw-cutter. The patient in this case (Mrs. N., aged 45) was a great sufferer from neuralgic pains, which originated in a wound which had been healed some months. Amputation was advised, as offering the best chance of relief. As the lady was from a distance, the result has not been learned.

III.—*Amputation of the Thigh in the Upper Third, for extensive Scrofulous Disease*.—This case was an extraordinary one, as regards the extent of the disease. The original malady was apparently suppurative inflammation of the knee-joint. The ulceration by progressive destruction of the soft parts, at the time of the operation, had reached to within three inches of the hip-joint. The patient had been confined to the bed for two years, and was extremely reduced. Hectic symptoms had been developed within a short time. The lungs were apparently sound, and the appetite good. Prof. Sanborn remarked, before operating, that it was very doubtful if all the diseased tissue could be removed, except by amputation at the hip-joint. But as in the present condition of the patient this operation would probably be fatal, he should proceed to operate as high up as possible, without disarticulating, and finish the operation according as the condition of the bone indicated. The patient being put under the influence of sulphuric

ether, the bone was exposed by anterior and posterior flaps, and sawed through just below the trochanters. The bone was found to be sound, but the muscular tissue of the posterior flap indurated, with sinuses extending upward toward the joint. After arresting the hæmorrhage, which was very profuse, a large mass of diseased tissue was carefully dissected out, and the wound dressed in the usual manner (water dressing). The patient did not rally from the immediate effects of the operation for some hours, but finally made a good recovery, without any unusual symptoms.

IV.—*Amputation at the Shoulder-Joint; Gun-Shot Wound.*—The patient, D. R., was a young man aged 20. In carelessly handling a loaded gun, the whole charge passed through the left arm, just below the axilla, fracturing the bone, carrying away the blood-vessels, &c. &c. Before relief could be obtained, he had bled nearly to death. He was seen by Prof. Sanborn six hours after the accident. The patient was then in a state of collapse from hæmorrhage. An examination of the wound showed the limb to be hopelessly injured, though the condition of the patient was such as offered very little hope that he would rally sufficiently to suffer amputation. The details of this case are quite interesting in a physiological point of view, but my limits will only allow me to say, that a systematic plan of administration of food was adopted, to supply the loss of blood and bring about reaction if possible. It was on the third day after the accident that the pulse first became perceptible at the wrist. During that time the patient had taken by the mouth and *per anum* three gallons of beef-tea, chicken-broth, &c., besides a pint of milk punch, and brandy and water in considerable quantities. During the third day reaction became fully established, the patient was put under the influence of ether, and the arm removed at the shoulder-joint. The operation was well borne, and the patient did well until the fifth day from the operation, when involuntary contractions of the pectoral muscles of the affected side began to annoy him, and gradually developed into unequivocal tetanus, which was fatal in thirty hours from the first attack. After the first tetanic symptoms, the patient was kept under the influence of ether till death occurred.

CANCERS.

I.—*Scirrhus Tumor of the Breast, of two years' standing.*—Mrs. M., 38 years of age. The tumor in this case was very large, with a small point of ulceration near the nipple. The axillary glands were not affected, and the general health good. The growth of the tumor had of late been quite rapid. The tumor was removed in the usual manner, a considerable portion of discolored skin being embraced by the incision. Prof. Sanborn is in favor of removal of all cases of cancer of the breast, where no cachexia is manifest, and thinks enlargement of the axillary glands (when they can be safely removed) no objection to the operation. In support

of this opinion, he cited the case of a lady in Massachusetts from whom a cancerous breast in an advanced stage of the disease had been removed, together with enlarged axillary glands, and whom he had lately seen in perfect health, eight years subsequent to the operation.

II.—*Cancer of the Lower Lip*.—Mr. B. W., aged 35. About one half of the lip was removed by a V-shaped incision, and the wound closed by one twisted and four interrupted sutures. The pin was removed on the third day, and all the sutures on the fourth. On the twelfth day the patient was discharged well, with no noticeable deformity.

III.—*Extirpation of Testicle for Cancerous Disease*.—Mr. N. N., aged 45 years. The gland in this case was enormously enlarged, and there was also effusion into the *tunica vaginalis* to a considerable extent. The patient being put under the influence of ether, a trocar was thrust into the scrotum, and about eight ounces of straw-colored serum drawn out. The scrotum was then laid open, and the gland dissected out, the cord being transfixed by a tenaculum before division. Several ligatures were required both on the arteries of the cord and in the scrotum. The testicle weighed thirty-eight ounces after removal, and examination showed the disease to be *encephaloid cancer*. Recovery took place without accident, as I have learned from Dr. Allen, of Middlebury, who kindly presented the case.

MISCELLANEOUS CASES.

I.—*Necrosis of the Femur, of eleven years' standing*.—I. M., aged 27 years. The thigh of the patient was very much enlarged, with numerous openings on each side, communicating with a cavity enclosing dead bone. An incision, six inches in length, was made on the outer side of the thigh, exposing the bone. The bleeding from the vessels of the thickened periosteum was severe, and much delayed this part of the operation. A trephine was applied to the enclosing bone, and the opening thus made was enlarged by a metacarpal saw and a common chisel. A tubular-shaped sequestrum was thus exposed and extracted, in pieces from three to five inches in length. The wound, after being thoroughly washed out, was filled with lint, which was kept saturated with the lotion of the chloride of soda, and this continued as long as the suppuration was profuse, which was several weeks. At the present writing (Dec. 13th) the wound is nearly closed.

A case of acute necrosis of the tibia in a child of 10 years was presented the same day, but delay was advised in consequence of the degree of inflammation present.

II.—*Double Hare-Lip*.—Master —, 6 years old. The case presented the usual features of this species of deformity, though the age was considered as an unfortunate one for the performance of so painful an operation. The little patient, however, showed

a marvellous degree of *pluck*, and offered no serious obstacle to the performance of the operation, though no anæsthetic was used. The operation was complicated, and difficult to describe. No attempt was made to bring the middle portion down on a line with the rest of the lip, but it was cut to a point, and embraced by the lateral portions of the lip, so that the scar left is shaped like the capital Y. Malgaigne's plan of preventing the slight notch, usually seen in the free border of the lip after operation, was adopted in this case with success. The parts were brought together with twisted sutures, and dressed with collodion. The pins were carefully withdrawn in forty-eight hours; the other dressings remained until the fifth day, when union was found complete.

III.—*Cataract; Operation by Depression*.—Mr. L. B., aged 84. The patient in this case was totally blind, from cataracts which had first affected the eyes, ten years previous. The general health was remarkably good, the eyes full and large, and nothing but age contra-indicated an operation. It was, however, unsuccessful. Sphacelus of the cornea occurred immediately. Fortunately, the operation or its consequences caused very little pain. The eye not operated upon was unaffected.

IV.—*Tenotomy*.—D. A. S., a little girl four years old, with permanent contraction of the knee-joint. The leg in this case was permanently fixed at right angles with the thigh, said to have followed an attack of fever. The joint was enlarged, but not tender to the touch, and there was evidently no ankylosis. The tendons of the ham-string muscles were divided subcutaneously, and the limb straightened forcibly, and so kept for two weeks by a straight splint. Subsequently an adjustable angular splint was applied, and the patient made to walk with the leg in a straight position. A gum bandage has been substituted for the splint, under which treatment the child is gradually improving.

V.—*Large Vascular Tumor on the Right Side*.—Infant child of Mr. P. The tumor was originally a *naevus maternus*. It had gradually taken the form of a tumor, and was at the time of operation as large as an English walnut, and growing steadily. No pulsation could be detected. It was removed in the manner recommended by Liston. The base of the tumor was circumscribed by an incision extending through the skin only. Two needles were then thrust through, in a crucial form, and under them a strong ligature was tightly drawn in such a manner as not to embrace the skin. The ligature was tightened twice afterward, and the tumor finally came off, without bleeding, in ten days.

Cases of encysted and fatty tumors were also operated on, and many cases of minor importance treated, instructive to the student, but of no particular interest to the readers of the JOURNAL.

MALIGNANT PUSTULE.

[In consequence of the recent occurrence of three deaths in the city of Providence, from malignant pustule, and the alarm caused thereby among those who considered the disease a "new" and "strange" one, Dr. E. M. SNOW, of that city, has published in the *Providence Journal* of the 4th inst. some description of it, with his views of its probable causes. We copy, below, a portion of his remarks.—Eds.]

Perhaps a brief description of the disease may serve to prevent much unnecessary alarm. The pustule, unless it arises from inoculation, is generally on the *under* lip. It commences with a slight pimple, and with considerable itching. Very soon a thin, bloody fluid is formed in the pimple, and it is surrounded with a livid or purple areola, or ring. It also rests upon a hard base which may be felt as a small lump under the skin; but has very little if any pain. Unless arrested early, the swelling rapidly increases, poisonous pus is formed, and being absorbed, passes into the blood and poisons the whole system. It is not necessary to describe the further progress of the disease, or its treatment. Our only object is to enable others to recognize it in its earliest stages, and also to prevent unnecessary alarm from common pimples which occur so frequently. An ordinary pimple differs from the pustule in this: it is sore upon pressure—it is of a bright red color—it has no thin, bloody fluid in the centre, and has not the same hard lump under the skin. Its progress is entirely different.

A few words in relation to the causes of malignant pustule. It is generally caused by the contact of some poisonous animal fluid or matter. Hence the disease is more frequently seen among tanners, butchers, veterinarians, and those who have the care of diseased animals. Some cases are reported among laborers engaged in unloading hides from vessels. Several cases are reported from skinning animals which had died of disease. Persons employed in removing and disposing of the dead bodies of animals in cities, are frequent subjects of the disease. Hence it is found that the disease is more prevalent when there is an unusual prevalence of disease among animals.

Malignant pustule is also supposed to be sometimes caused by eating the flesh of animals which were diseased when killed; particularly of animals affected with carbuncles.

It is also the general opinion that malignant pustule sometimes arises spontaneously, without any contact of poisonous animal matter, or eating of diseased animal food. It is certain that cases do occur, like the recent cases in this city, where there is no evidence or probability, so far as can be known, of inoculation with poisonous animal matter, and where no plausible cause for the disease can be given.

Whether such cases do arise spontaneously, without any direct

poison, or whether inoculation does take place in some unknown and unsuspected manner, it is impossible to say. From the fact that diseased animal matter is known generally to be the cause of the disease, from its known connection with diseases in animals, and from the fact that the disease never occurs as an epidemic, and very rarely except in solitary cases, we are inclined to the opinion that some direct inoculation or poisoning is always necessary to the production of malignant pustule. It is certain, from the rarity of its occurrence, that it does not arise from any wide-spread and generally diffused cause, such as is necessary for the production of epidemic diseases.

Many ways will be readily suggested in which inoculation might take place without any suspicion on the part of the person affected. A fly in summer might carry the minute quantity of poison, necessary for inoculation, on its feet; a butcher's knife might leave the poisonous matter on healthy meat; a favorite dog or cat might be the agent of its transportation. And yet these events might occur nine hundred and ninety-nine times without any evil results; but at the thousandth time, the minute quantity of poison might meet the necessary conditions for the production of its poisonous effects.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

DEC. 13th.—*Irritability of the Heart, induced by contiguity of Inflammation of the Lungs.* Dr. BOWDITCH mentioned the case. It was not until the inflammation, which had already affected other portions of the lungs, had reached a part contiguous to the heart, that the pulse rose to 156. In other respects, the patient at this time was no worse. On auscultation, fine crepitus was audible, but no pericardial or endocardial murmur. Digitalis only was given, and the inflammation ultimately subsided, leaving no lesion. Dr. B. thought the case interesting, as showing the influence of pneumonia on the action of the heart.

Dr. J. WARE mentioned, in connection, the following case. The patient was a female, aged from 70 to 80 years. She had an affection of the chest, which produced much distress about the heart, from which pericarditis, or some disease of the organ itself, was inferred. After death, however, pneumonia only was discovered.

In this case, although cardiac symptoms were apparent, none being referrible to the lungs, the heart proved to be sound, and the lungs diseased. He attributed this circumstance to contiguity. To contiguity also is to be attributed the irritability of the heart sometimes induced by certain conditions of the colon, a portion of which lies near this organ, as, for example, when distended by gas; also, by certain affections of the stomach.

DEC. 13th.—*Diphtheritis rapidly terminating in Croup.* Case reported by Dr. BORLAND.

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G. H., a girl nearly 8 years old, inmate of an institution for orphans, &c., of a leuco-phlegmatic temperament, sufficiently well developed, and having had no other illness than a slight attack of measles for at least one year previously, began to feel slightly indisposed—but, as she afterward acknowledged, made but little complaint of her illness or of the throat, “fearing she might be kept home from school.”

Dec. 10th.—Dr. B. was called, and found her up and about. Pulse 120. Skin dry. Slight, loose cough. No appetite. Bowels open. No rash of skin. Great fœtor of breath. Inspection of the throat revealed marked swelling of the tonsils and uvula, with purulent secretion. Ordered hydr. cum creta, gr. ij.; pulv. rhei, gr. iv. M.; and the throat to be frequently sponged out by the probang, soaked in a solution of nitrate of silver (six grains to the ounce of water).

11th.—The patient was in bed, and separated from the other children. All the symptoms were more urgent, there being some cough; excessive fœtor of the breath; pulse 140; skin dry; anorexia; throat more swelled externally and internally, with pultaceous membrane resembling a slough, over the tonsils and uvula. R. Potassæ chlorat., gr. iij.; aq. menth. virid., ℥i., M., every three hours, and the application to the tonsils to be continued.

3.30, P.M.—Hard, ringing cough, as in croup, for the last two hours and a half. Throat more swollen, respiration labored, and accompanied with tracheal and bronchial râles. Deglutition impossible, even of water, until after use of the tonsillotome. Top of right tonsil was amputated by the tonsillotome, and fauces thoroughly swabbed with ferri perchloridum, ℥i. to ℥iv., and an emetic of sulphate of zinc ordered to be taken immediately.

8, P.M.—Pulse 160. Skin as before. Had almost had convulsion from asphyxia, which was relieved by swabbing throat with nitrate of silver. Emetic acted well. Cough rather less urgent, and looser. Had thrown off one or two pieces of membrane of the size of a three-cent piece. Fœtor of breath somewhat less. More air enters lungs. Again free application of ferri perchlor. to fauces.

12th, 9, A.M.—Had had a bad night, restless, disturbed with spells of extreme dyspnœa. Now appears weaker, and voice is only heard in a low whisper. Skin perhaps a little more dusky and dry. No rash has been seen. Fœtor of breath not so offensive. Pulse 136, smaller. External swelling of throat is less on left side. Cough urgent, dry, sounding exactly like that in membranous croup. Respiration labored; respiratory murmur very feeble. Inspection of fauces—tonsils less swollen, covered with a sloughy-looking membrane, uvula swollen, and of a vivid red. Deglutition more easy. Bowels not opened. Great thirst. The treatment to be continued; wine and water and oyster broth were ordered.

1, P.M.—Had just had a severe convulsion. Pulse 168. Cough short, dry, explosive. Respiration labored.

3, P.M.—Symptoms same as at last record. Pulse 136. No recurrence of convulsions. From this time the patient continued to fail, and died at 2 o'clock on the following morning. Patient was seen in consultation by Dr. Lyman.

Sectio Cadaveris, ten hours after death. Thorax only examined. Lungs hardly collapsed. Right lung, old pleural adhesions over back. In pharynx, small spots of pultaceous membrane. Epiglottis thickened, œdematous. Mucous membrane pale. Trachea and bronchia

extensively lined with soft, white membrane, which was easily detached. Mucous membrane pale, but becoming a little reddened upon descending. Lungs were emphysematous, but otherwise healthy.

Dec. 27th.—*Puerperal Peritonitis; Treatment palliative and expectant; Recovery.* Dr. JACOB BIGELOW reported the case.

A lady, aged 25, after a favorable confinement with her first child, was attacked, at the end of three weeks, Nov. 27th, with symptoms of peritonitis, such as chills, heats, intense continuous pain, beginning in the right half of the abdomen and speedily extending to the left; excessive tenderness of the whole abdomen, much nausea, and pulse of 90. Lochia slight; milk diminished.

2d day.—Pain incessant; soreness increased, rendering pressure intolerable; skin hot; vomiting frequent and exceedingly distressing, owing to the abdominal soreness: pulse 110; milk diminishing; tongue loaded with a white coat; bowels costive.

3d day.—Pulse 120. Pain, soreness, heat, thirst, restlessness, greatly increased. Abdomen somewhat tumefied. Patient kept the supine posture, with knees a little raised, and could not bear to be moved across the bed. Was seen, in consultation, by Dr. JAMES JACKSON, who agreed in the extreme danger of the case, and an unfavorable prognosis was given to the friends.

4th day.—Pulse 130. Pain somewhat less, but soreness undiminished. Nausea, vomiting, thirst and coated tongue continue, with great general distress. Milk greatly diminished; still the child gets a little, morning and night.

5th day.—A spontaneous diarrhoea appeared, with watery and mucous dejections, at intervals of about an hour. This was not interfered with, and ceased after three dejections.

6th day.—Has rested a little better. Vomiting ceased; pulse 116 to 120; abdominal tenderness continues unabated; anorexia and some nausea. Keeps the supine posture.

7th day.—Pain returned for most of the day. Pulse 120; soreness increased; more heat and thirst, followed, however, by a better night.

From this time the patient continued slowly to improve, but was not well enough to be removed to a couch till after a fortnight, and could not bear the erect posture for some days longer.

At the present time, one month from the attack, the patient sits up half the day. Has good spirits, natural sleep, and moderate appetite. Pulse 84. Lies freely on either side, has no pain, but the central parts of the abdomen and hypogastrium are still moderately tender on pressure, and somewhat dull on percussion. The milk continues, up to this time, in small quantity.

The treatment of this case has been mostly palliative and expectant. The tendency to vomit precluded, for some time, the exhibition of any cathartic, but a movement was at length obtained by small doses of senna, given every three hours. Four leeches only were applied to the abdomen on the second day, and two more on the seventh, but the blood taken in this way could not have been much. Sinapisms were occasionally applied, and morphia, in doses of from $\frac{1}{16}$ to $\frac{1}{8}$ of a grain, was given one or more times in a day while the pain lasted.

This case would not have been thought worthy of report, except that it may serve to show the fallacy of the inferences so frequently drawn from the supposed effect of active treatment in single cases, or in a few cases, of this disease. Had this patient been bled repeatedly

to delirium, or been wrapped in a wet sheet, or drugged with opium or turpentine, and survived any of these modes of practice, the credit of recovery, not usual in similar cases, would, very probably, have been given to the particular practice pursued.

Dr. MINOR asked as to the propriety of giving cathartics; and whether they would not be as likely to aggravate as to benefit the disease.

Dr. BIGELOW replied, that the presumption is that cathartics are serviceable as depletives in most cases of inflammation; that their action is not, it is true, to be depended upon in peritonitis, and often fails; but, nevertheless, they afford some satisfactory indication of the condition and degree of excitability in the bowels, and aid both diagnosis and prognosis.

Dr. PUTNAM thought their use in the early stage of the disease by no means prejudicial, and alluded to the practice of a Salem physician, who gave turpentine early in the affection, and who was peculiarly fortunate in the issue of his cases. The benefit of this treatment seemed to be confirmed by the fatality of the disease in the hands of another practitioner, in the same town, who adopted a different course of treatment.

Dr. BIGELOW further said that it is often difficult, and sometimes impossible, to move the bowels in severe peritonitis; but that it is satisfactory to the physician to know whether they are capable of being acted upon or not. He would resort only to moderate means, but would not persevere if distress or vomiting were evidently caused by them.

Dr. STORER differed in opinion from Dr. B., in the statement that bleeding is of doubtful value in this disease. He would be very unwilling to treat a case of puerperal peritonitis without the liberty to use the lancet, if this were necessary. He asked if the greater number of patients do not recover under this treatment.

Dr. B. replied, that although cases of recovery undoubtedly take place under this treatment, many others prove fatal; and that, on the other hand, recovery occurs without it. It is a subject on which medical men are not agreed.

Dr. JACKSON remarked, that as in pleurisy the affected part does not move so freely as in health, so in peritonitis, constipation seems to be a natural means of preventing the aggravation of the inflammation by the diminution of peristaltic action. It seemed therefore rational not to interfere with this condition, unless absolutely necessary.

In reply to inquiries, Dr. BIGELOW regarded constipation as the consequence and not the cause of peritonitis, and hence saw no objection to moderate means in the outset of the disease, either by the mouth or rectum, when the state of the stomach and other symptoms did not decidedly contraindicate them.

JAN. 10th, 1859.—*Keloides*. Dr. MORLAND reported the case, as follows; and also showed the patient to the Society, together with a daguerreotype view of the affected part.

John F—, an Englishman, 26 years old, presented himself at the Central Office of the Boston Dispensary, Jan. 7th, 1859, with an unusually good specimen of keloides upon his breast. The affection was first manifested ten years ago, and was spontaneous—not developed in the cicatrix of any wound—surgical or other. The central patch is one inch and a half long, by one inch broad. To the left of this, and

isolated from it, is another similar, but smoother elevation, a trifle over an inch long, by about one half an inch broad. Upon the right of the central portion, and prolonged directly from it, there is a claw-like appendage, one inch and a half long, and about one quarter of an inch wide. As usual in cases of true keloides, no known cause could be indicated.

Four years since, the patient was exhibited to the Society by Dr. Slade, who shortly afterward excised the original diseased patch. This portion is now entirely reproduced, and the additional tumors on each side of it have appeared. The latter are smooth upon their surface, the former presents the furrowed and wavy outline characteristic of the cicatrix of a burn—to which it bears a striking resemblance. The affected spots are of a light pink or rose color.

The patient applied, at the present time, chiefly on account of the very troublesome itching constantly experienced in the diseased part. Occasionally, there has also been, and is still, a stinging, lancinating pain. An alkaline wash has greatly relieved the itching. It is not proposed to excise the disease again, at present, in view of the recurrence mentioned, and of the constantly similar experience recorded by observers.

The locality of the affection, in this instance, may be referred to, as that of election—the central portion of the sternum being, according to authorities, its favorite site.

Originally particularly described by Alibert, keloides has been regarded a surgical affection as well as a mere cutaneous disease; hence its occasional consideration in treatises upon surgery. Mr. Erasmus Wilson, in the last edition of his work on *Diseases of the Skin* (London, 1857), treats of it at some length, and in a very interesting manner. He adopts the term "Kelis," from the Greek, answering to "macula vel probrum," in preference to either of the synonymes—kelois, chelois, cancrois, keloides; and also distinguishes a true and false kelis. Other forms are designated by him, in accordance with the shape assumed by the affection—as "ovalis," "radiciformis," "cylindracea," "clavata."

The case above described was originally a specimen of the *kelis vera* or *genuina* of Wilson. This writer remarks the extreme rarity of the disease, and states that he has only found twenty-four instances recorded. Amongst others, he refers to Dr. Warren's cases, the second of which he is inclined to pronounce a case "of carcinomatous disease rather than of kelis." The first volume of the Society's Records contains the report of a case by Dr. Cabot—the patches being on the face and right arm, and fifteen in number. Keloid tumors are not infrequently multiple, but the face is not a common situation for the disease.

Wilson pointedly alludes to the various modes of treatment so unsuccessfully resorted to; and considers recourse to the knife unwarrantable "until every chance of relief by other means has failed." He recommends "Donovan's solution (*Liquor arsenici et hydrargyri iodidi*) in doses of ten drops, three times a day; or protioduret of mercury in combination with guaiacum and the oxysulphuret of antimony." He has found the false kelis (*kelis spuria*) to be capable of removal by the use of iodide of potassium, three grains, thrice daily, and a Plummer's pill at bed-time. Locally, he advises collodion, tincture of iodine, "and an ointment of iodide of lead, in the proportion

of two parts of lead to one of lard." The latter relieves the prickling and uncomfortable sensations accompanying the disease.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 10, 1859.

RESIGNATION OF PROF. JOHN WARE.

THE resignation of the Hersey Professor of Theory and Practice in the Medical School of Harvard University is officially announced. Dr. WARE has not taken a part in the present course of lectures, and there is no unexpected information conveyed in this formal announcement. It gives us, however, the opportunity of saying a few words of the feeling with which his colleagues and students regard him at parting.

It was no easy matter to fill the place left vacant by Dr. James Jackson, confessedly one of the wisest and best of teachers. Dr. Ware was by general consent hailed as his fit successor, and admirably justified the public opinion which led him to the chair and kept him in it. The same conscientiousness in the discharge of duty, the same union of firmness of opinion with modesty of statement, the same true aims, the same prudence in counsel, which had marked his predecessor, made his presence always valued and welcome, until by the changes of time he found himself the senior member of the Faculty, and the leader in its deliberations. Many doubtful and delicate questions arose during the period of his connection with the Faculty, and the weight of his advice was always felt in every practical conclusion. His calm, dispassionate statements never failed of their effect. Those who remember the discussion of the question of lengthening the lecture term, in the National Medical Association, cannot have forgotten the simple lucid argument he presented in his paper on the subject; a paper which gave a lesson to some members of that body in the use of the English language, and in the art of saying what they had to say without any idle flourish, which is as valuable as the argument itself. It is hard to speak in terms of praise of those who are living amongst us, but we cannot afford to let the opportunity of holding up a good example pass by without notice. The danger of the great medical centres is that the chairs in their schools shall be filled by men who study the rhetoric of the lecture room rather than the severe lessons of nature. The stimulus of a crowded market often produces inflammation in the style of the teachers who supply it. Our northern schools have not often been over fed, and have therefore suffered less from the congestions and spasms which have attacked the books and lectures of some of their more richly nourished neighbors. One of Dr. Ware's lectures is an excellent prescription for them, and taken with an aphorism or two of Hippocrates, or a few sentences out of Heberden, just before an annual "Introductory," will subdue the alarming symptoms of mental hyperæmia so frequent at that ovulating period of medical authorship.

Dr. Ware leaves the Medical School, to the welfare of which he has so largely contributed, in a very flourishing condition. The efforts

which have been made and are still making to increase its means of usefulness, are evidence enough of its active and growing life. Whatever influence it exerts or may acquire, whatever good work it may perform for the community and the profession, it can never outlive the memory of all that it owes to those who have labored for its growth and prosperity, among whom Dr. Ware will always be mentioned with respect and gratitude.

AMERICAN SURGERY.

THE account given by our Paris correspondent of the acknowledgment in Europe of Dr. BOZEMAN's great improvement in the operation for vesico-vaginal fistula, will be read, we doubt not, with much interest. We were already prepared for this announcement of Dr. Bozeman's success, through a recent pamphlet on the same subject, by Mr. I. Baker Brown, of London, who is well known for his success in the treatment of the surgical diseases to which women are specially subject. Mr. Brown gives full credit to Dr. Bozeman for having brought this delicate and often difficult operation to the highest perfection, and in fact dedicates the work to him, "as an earnest worker in the path of true scientific surgery, as well as a warm, earnest, true-hearted friend." It must be a subject of much pride, that this operation, which remedies one of the most dreadful infirmities to which woman is liable, was, if not originally suggested, certainly perfected, by Americans. The first step toward its successful performance was made by Dr. HAYWARD, of Boston, and the final improvements were accomplished by Drs. BOZEMAN and SIMS, of Alabama. The cure of a deformity, and especially the cure of an infirmity, may be regarded as among the highest perfections which medicine, as an art, is capable of. In the treatment of acute disease we can often control, regulate, and direct toward a successful issue, the efforts of nature. Often our wisdom is best shown in abstaining from all interference. But in the surgical treatment of many of the ills that flesh is heir to, we often interfere with natural processes, we replace one for another; and to do this successfully is a great triumph. To Hayward, Bozeman and Sims, mankind, especially womankind, should be grateful throughout all generations.

We might point to other triumphs of American Surgery, and especially to that last, best gift, the discovery of anæsthetics, the greatest blessing, except vaccination, which medicine has conferred on mankind; but we can only allude to them, in connection with a most unjust and indecent attack upon the profession, by a journal in this country. The *Bath (Me.) Times*, in describing the case of the Rev. Mr. Thayer, of Boston, who received a severe injury by being thrown from a carriage, in Lowell, utters a wholesale denunciation on the surgeons who had charge of the case, and on "Massachusetts medical gentlemen" in general. The indignation of the *Times* arises from the fact that amputation was proposed, but having been delayed, on account of the prostration of the patient, was eventually found to be unnecessary, and recovery took place without it. Nothing could be more unjust than the attack. There is nothing to show that the surgeons had erred in diagnosis or in treatment. True it is, that a patient now and then recovers, after having refused to submit to amputation. Doctors are not omniscient, and foreknowledge is not more certain in medicine than in commerce, navigation, agriculture or law, though,

perhaps, on the whole, quite as much so; but it is equally true, that of those so refusing, a much larger number die than recover. Even supposing the surgeons were in fault in this particular case, we conceive that to be no reason for condemning the whole profession in Massachusetts.

We regret to say that the article in question has been copied by the *Boston Transcript*, which, if it does not thus endorse the opinion of the *Bath Times*, at least gives it a wide circulation. We do not suppose the *Transcript* wishes to lower the profession in the opinion of the public, by thus giving currency to a slanderous accusation, nor would the sensible portion of the community be misled by such a misrepresentation; but, alas! how small is the number of sensible people, how large the number of those who are ready to believe and circulate a libel. We protest against these abusive attacks upon a class of men who are among the hardest worked and poorest paid, if not the most useful in the community.

THE EDUCATION OF IDIOTS.

WE are glad to learn from the "Eleventh Annual Report of the Massachusetts School for Idiotic and Feeble-minded Youth," that the benevolent efforts which have been made for some time past for the improvement of those most pitiable members of the human family, the idiotic, continue to meet with as much success as could reasonably be expected. The School at South Boston, in particular, appears to be behind no other in the energy and skill of its teachers, and in the good results of their labors. Indeed, when we consider the limited means and appliances of this establishment, it is not a little remarkable that so much should have been achieved. It may now be considered as a definitely established fact, that idiots are capable of a certain amount of mental education, and that their habits can be so far improved that they cease in a great measure to be objects of disgust. It is to Dr. Guggenbühl, of Abendberg, near Interlachen, in Switzerland, that we are indebted, not only for the first suggestion of the feasibility of imparting instruction to idiots, but for the first practical demonstration of the truth of it; and his name will forever be associated with those of the benefactors of our race.

The training of feeble-minded children applies, of course, more to the development of the physical than the mental powers, the object being to strengthen the body as the best means of promoting the growth of the intellect, where this is capable of any improvement at all; and in those cases where it is not, to enable the patient to enjoy better health, to amuse and occupy himself, and to become useful to those about him by various domestic or mechanical employments. The children at the South Boston school are divided into three classes, according to their proficiency in the use of language, as mutes, semi-mutes, and those who can express most of their ideas in language, which, though limited, may be easily understood. The hour of rising is half past five, and until nine the pupils are occupied in dressing, exercise and at breakfast. School begins at nine, the exercises of which, besides the branches commonly taught in primary schools, include calisthenics, sewing, knitting, block building, colors, and similar pursuits. Of course, much time is devoted to muscular training, by gymnastics, military drill, &c., and it is gratifying to learn that the improvement in the general appearance of the children proves beyond

a doubt the beneficial effects of such exercises. The girls are instructed in the use of the needle, and in some kinds of house-work. The care of their persons has been intrusted to the larger children, more than in any previous year, and many of them are not only capable of dressing themselves properly and neatly, but can also assist in performing similar duties for the smaller pupils. To quote the words of the Resident Superintendent, Mr. ALEX. DONALD, "The experience of each year adds strength to the fact, that idiots can be improved both bodily and mentally, as well as confirms the belief that some—a few, it may be—can be made to contribute something from their labor toward their support."

The Report of the General Superintendent, Dr. S. G. HOWE, urges upon the Legislature the importance of an appropriation sufficient to complete the buildings, and put the establishment in good working order. We earnestly hope this will be done; both humanity and public welfare demand that an institution which has already accomplished much for the improvement of a most unfortunate class of beings should be sustained and be enabled to extend its sphere of usefulness.

AMERICAN MICROSCOPES.

Messrs. Editors,—As the use of the microscope is coming more and more into use among progressive physicians in the investigation of disease, and in fact may be considered indispensable to the making out of a proper diagnosis in some cases, I wish to call the attention of the profession, more particularly those located in the country, like myself, to the establishment of the Grunow Brothers, of New Haven, Conn. A few years since I wished to obtain a first class instrument, and went to Boston for the purpose of making the purchase. I could find nothing which suited me. I was told I could have one imported to order—the cost, however, was beyond my means. Neither the name of Spencer or Grunow were mentioned, and I had never heard of them. When Carpenter on the Microscope came out, I learned for the first time that there were those in this country who could equal, if not surpass, any of foreign make. I remembered, then, of reading in some paper of a microscope made for Prof. Peaslee by Spencer, and spoken of in the highest praise. I at once wrote to the Messrs. Grunow, and in less than a year they made for me a first class microscope, fully equal to any imported instrument, as has been proved by one of our best microscopists, and its cost much less. The Grunow Brothers have lately published an "Illustrated Scientific and Descriptive Catalogue of Achromatic Microscopes," which will give my country brothers just the information they need, and which I so long sought, but could not find. Believing, Messrs. Editors, they would gladly avail themselves of these useful instruments, either for study or pleasure, if they knew where the right ones could be obtained, I have taken this method of informing them.

N. Q. T.

King Oak Hill, 1859.

The statistics of the U. S. Marine Hospital in St. Louis—Dr. W. M. McPheeters, Physician and Surgeon—show that, during the year 1858, there were admitted and treated 1,237 patients. Of this number, 1,135 were discharged, 64 died, and 38 remained under treatment at the close of the year. From this statement it will be seen that the mortality was only about five per cent. on the whole number admitted.

OBITUARY.

DIED, at Monterey, Ma., Dec. 25th, 1858, Dr. ALMON P. TICKNOR, an exemplary man, and distinguished and successful practitioner, after a long and protracted illness, at the age of 36.

Dr. Ticknor was born in Lebanon, N. Y. His preceptors were Drs. Jennings, of Richmond, and Sanford, of Tariffville, Ct. Attended lectures and graduated at New Haven, 1853, and practised in Easton, Ct., previous to his removal to Monterey. At the early age of 18 years, he embraced religion; and through his life and moments of death, the religion of Christ was his comfort and strength. His life fully attested the truth of his walk with God. As a physician, success crowned his efforts. Beside the bedside of the sick and dying, he carried the power of the medical art and the consolations of religion. As a man and citizen, he commanded the love and respect of all who formed an acquaintance with him; and his fine gifts made him a valuable member of society.

The community has suffered a great loss; his family, the bereavement of a kind father and amiable companion; and the social circle, a void. But what is a loss to friends and the world, to him is a great gain.

Monterey, Jan. 7, 1859.

The New York State Medical Society has adjourned, after having been in session at Albany three days. Among other valuable papers was one by Dr. WILKINS, on the diphtheritic disease, which has been prevalent of late in Albany. A motion by Dr. MUNDY, of Staten Island, for the appointment of a committee to investigate the Quarantine question, was laid on the table. The special committee on vaccination reported a more general prevalence of smallpox throughout the State than ever before since the introduction of vaccination, and recommended the passage of a law authorizing School Trustees to exclude from the schools all children who have not been vaccinated. The following officers were elected: *President*, Dr. B. FORDYCE BARKER, New York city; *Vice President*, Dr. DANIEL T. JONES, Onondaga; *Secretary*, Dr. SYLVESTER D. WILLARD, Albany; *Treasurer*, Dr. JOHN V. P. QUACKENBUSH, Albany.

The New York Academy of Medicine and Dr. Horace Green.—The case of Mr. SAMUEL W. WHITNEY, which has occupied so much attention in New York during the past few weeks, has been finally settled by a resolution adopted almost unanimously by the Academy of Medicine, exonerating Drs. MOTT, BEALES and GREEN from all blame in the death of the patient. A most animated discussion took place, before the passage of the resolution, in the course of which Dr. MOTT withdrew the charge he had brought forward, to the effect that Mr. WHITNEY died in consequence of the treatment to which he had been subjected by Dr. GREEN.

Body-Snatching in Cincinnati.—It is said that the four medical schools in Cincinnati use annually from one hundred to one hundred and twenty-five dead bodies in dissection, of which four fifths are stolen from the grave-yards by professional resurrectionists. This statement is too incredible to warrant belief; but allowing a smaller number to be obtained in this infamous manner, it shows that there must be in the State of Ohio some legal obstruction in the way of obtaining subjects from the almshouses, jails and prisons, in cases where there are no near relatives to claim the body. The passage of a law requiring such subjects to be surrendered to medical schools, would do more to prevent body-snatching than the infliction of the severest penalties, and would at the same time tend greatly to raise the standard of medical attainments in Ohio.

MARRIED.—At Falmouth, 23th ult., Dr. James C. Cobb, formerly of Northampton, but now of San Jose, Cal., to Miss Jane Bates, of Charleston, S. C.

DIED.—In Troy, Ala., 21st ult., killed by lightning, Dr. J. L. Nixon.

Deaths in Boston for the week ending Saturday noon, February 5th, 61. Males, 30—Females, 31.—Apoplexy, 1—Inflammation of the brain, 1—cancer (of the uterus), 1—consumption, 11—convulsions, 1—croup, 2—cystitis, 1—dropsy, 4—dropsy in the head, 4—debility, 2—infantile diseases, 7—puerperal, 3—scarlet fever, 2—typhoid fever, 3—gastritis, 1—disease of the heart, 4—insanity, 2—jaundice, 1—Inflammation of the lungs, 4—disease of the liver, 1—pleurisy, 1—scrofula, 1—suicide, 1—syphilis, 1—thrush, 1—unknown, 1.

Under 5 years, 21—between 5 and 20 years, 4—between 20 and 40 years, 11—between 40 and 60 years, 12—above 60 years, 13. Born in the United States, 34—Ireland, 15—other places, 9.